

3000 Services and Programs	
3000	Overview
	This section provides an outline of the Division of Aging and Adult Services (DAAS) policies and procedures for services and programs. Delivery of services and programs must be in compliance with the requirements stipulated in the individual service scopes of work.

Section	Title
<u>3100</u>	Non-Medical Home and Community Based Services (NMHCBS)
<u>3200</u>	Nutrition Services
<u>3300</u>	Disease Prevention and Health Promotion
<u>3400</u>	State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol
<u>3500</u>	Legal Services Assistance Program
<u>3600</u>	Family Caregiver Support Program (FCSP)
<u>3700</u>	Long Term Care (LTC) Ombudsman Program
<u>3800</u>	This section intentionally left blank
<u>3900</u>	Discretionary Grants

3100 Non-Medical Home and Community Based Services (NMHCBS) System			
3101	Overview		
	3101.1	This section provides an outline of the Division of Aging and Adult Services policies and procedures for the NMHCBS System. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.	
	3101.2	The NMHCBS System is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. The NMHCBS System has the following goals:	
		A	To assist functionally impaired individuals to care for themselves in their home and community.
		B	To prevent or delay less desired and more costly institutional placement.
	3101.3	C	To maintain the dignity, autonomy and independence of individuals and their families.
		The NMHCBS System is a case managed system, where Case Managers use a strength-based approach and integrate client preferences and goals to determine eligibility and need, authorize services, arrange for the provision of services and monitor the services.	
	3101.4	The NMHCBS System includes, but is not limited to, the following services:	
		A	Adaptive Aids and Devices.
		B	Adult Day Care/Adult Day Health Care.
		C	Attendant Care.
		D	Case Management.
		E	Home Delivered Meals.
		F	Home Health Aid.
		G	Home Nursing (formerly known as Visiting Nurse Services) and Community Nursing.
		H	Home Repair and Adaptation.
		I	Housekeeping/Homemaker Services, including State Supplemental Payments Program Direct Pay).
		J	Personal Care.
		K	Respite and Supplemental Services for family caregivers.
L		Other services as defined by Federal and State requirements.	

3100 Non-Medical Home and Community Based Services (NMHCBS) System		
3102	Authority and Statutory Requirement	
	3102.1	The NMHCBS System is authorized and governed by the following statutes and regulations:
		A Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, §102, §306, §307, §308, §314, §315, §321 and §339. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
		B A.R.S. Title 46 Chapter 1, Article 8, §46-191, §46-192; Chapter 2, Article 3. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46
		C Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.63. http://edocket.access.gpo.gov/cfr_2007/octqtr/pdf/45cfr1321.63.pdf
	3102.2	The AAA must ensure that service providers comply with the following:
		A A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, Section 5.

3100 Non-Medical Home and Community Based Services (NMHCBS) System		
3103	Eligibility Requirements	
	3103.1	The following individuals are eligible to receive NMHCBS based on availability of funding:
		A Individuals 60 years of age or older.
		B Individuals under 60 years of age with a disability.
		C Family Caregivers as defined in the Division of Aging and Adult Services Policy and Procedures Manual Section 3600 – Family Caregiver Support Services.
	3103.2	In order to receive NMHCBS (except services identified in section 3103.4), individuals described in 3103.1 shall be assessed as described below, using assessment instruments as defined in Section 3120 - Case Management for the NMHCBS System. See also Exhibit 3100A - Service Eligibility Matrix.

3100 Non-Medical Home and Community Based Services (NMHCBS) System			
3103	Eligibility Requirements (continued)		
	3103.2	A	For the services of Adult Day Care/Adult Day Health Care, Attendant Care, Personal Care, Home Health Aid and Home Nursing, an individual that enters the NMHCBS System (new clients) after January 1, 2011 shall be determined unable to perform at least three Activities of Daily Living (ADLs) without substantial human assistance including verbal reminding and physical cueing or supervision using assessment instruments as defined in Section 3120. Instrumental ADLs (IADLs) or a combination of ADLs and IADLs, cannot be substituted for ADLs. NOTE: Eligibility for existing clients receiving the services of Personal Care, Attendant Care, Home Nursing and Home Health Aid will continue to be assessed with the criteria in effect before January 1, 2011 until their next re-determination in State Fiscal Year 2013 (see Exhibit 3000A - Service Eligibility Matrix 2004).
		B	For the services of Housekeeping/Homemaker, an individual that enters the NMHCBS System (new clients) after January 1, 2011, shall be determined unable to perform at least two ADLs or three IADLs without substantial human assistance including verbal reminding and physical cueing or supervision using assessment instruments as defined in Section 3120. The IADLs must be shopping, laundry, meal preparation or housework. NOTE: Eligibility for existing clients receiving Housekeeping/Homemaker services will continue to be assessed with the criteria in effect before January 1, 2011 until their next re-determination in State Fiscal Year 2013 (see Exhibit 3000A - Service Eligibility Matrix 2004).
	3103.3	Additional eligibility criteria apply for the following services:	
		Home Health Aid and Home Nursing	
		A	1 Documentation of medical need from a health care practitioner of one of the following: insulin set-up, medication set-up, vital monitoring, nursing assessment, teaching by nurse, medication management/ monitoring, wound care and catheter/colostomy care.
			2 Documentation that the individual has no other resources available for obtaining the needed care; for example, the individual resides alone or the spouse or caregiver of the individual is incapacitated and unable to assist the individual with the medically related function.
	3103.4	Operational procedure 3103.2 does not apply to the following:	
		Adaptive Aids and Devices, Home Repair and Adaptation	
		A	1 An assessment for ADLs or IADLs is not required for NMHCBS. Note: For FCSP, different requirements apply; see section 3103.4.B.

3100 Non-Medical Home and Community Based Services (NMHCBS) System			
3103	Eligibility Requirements (continued)		
	3103.4	A	2 Although not required by the Older Americans Act for NMCHBS, the Division of Aging and Adult Services recommends that an assessment be conducted prior to providing the service to ensure the best use of limited resources.
			Family Caregiver Support Program (FCSP) Services.
		B	1 Refer to the Division of Aging and Adult Services Policy and Procedure Manual, Section 3600 – Family Caregiver Support Program, sections 3603 and 3604.3.
			Home Delivered Meals
		C	1 Refer to the Division of Aging and Adult Services Policy and Procedure Manual, Section 3200 – Nutrition Programs, section 3203.1 Eligibility.
			State Supplemental Payments Program Direct Pay
		D	1 Individuals who were enrolled in the Supplemental Payments Program prior to June 30, 1993, were authorized to receive a \$70 monthly payment to purchase Housekeeping Services. These individuals continue to receive the State Supplemental Payments Program Direct Pay if they meet the following criteria:
			a Must be a recipient of Supplemental Security Income (SSI) benefits.
			b Must be a resident of the State of Arizona.
			c Must be 18 years of age and older.

3120 Case Management for the NMHCBS System		
3121	Overview	
	3121.1	This section provides an outline of the Division of Aging and Adult Services operational principles and procedures for Case Management. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.

3120 Case Management for the NMHCBS System		
3121	Overview (continued)	
	3121.2	Case Management is provided to any individual entering the NMHCBS System. Case Management is a service provided by experienced or trained Case Managers to an individual who is older, frail and/or disabled, at the direction of the individual, family member, or caregiver. For the individual eligible for Case Management, a strength-based approach is used and appropriate services and/or benefits are identified and comprehensively assessed, planned and coordinated with formal and informal resources, obtained and provided, recorded and monitored, modified, or terminated with follow-up provided where and when appropriate. The AAA, or entity that such agency has contracted with, is required to maintain a comprehensive Case Management System wherein an older, frail and/or disabled adult is determined eligible to receive services from the NMHCBS System within the Planning and Service Areas.

3120 Case Management for the NMHCBS System		
3122	Operational Procedures for Provision of Case Management	
	3122.1	AAA shall develop Case Management to facilitate the coordination of non-medical home and community-based services designed to enable older, frail and/or disabled individuals to remain in their home. Case Management shall be an integrated system that accomplishes the following:
		A Provide access to the NMHCBS System through a single point of entry utilizing approved eligibility assessment instruments.
		B Apply a strength-based, client-centered approach in determining needed services.
		C Utilize a holistic assessment of the client's (and caregiver's) situation and address the problems contributing to the client's situation.
		D Promote networking to ensure the coordination of service and development of a cost-effective service plan.
		E Involve LTC providers in the coordination of such services.
		F Evaluate and promote informal supports and private pay options where appropriate.
	3122.2	The AAA shall ensure that Case Management are provided through the following:
		A Public or non-profit agencies that:
		1 Give each individual seeking services a list of agencies that provide similar services within the jurisdiction of the Planning and Service Area.

3120 Case Management for the NMHCBS System			
3122	Operational Procedures for Provision of Case Management (continued)		
	3122.2	A	2 Give each individual the right to make an independent choice of service providers and document the receipt by such individual of such a statement.
			3 Ensures case managers act as agents for an individual receiving the services and not as promoters for the agency providing services.
			4 Provide a written complaint resolution procedure to clients.
		B	The AAA providing Case Management directly. Note: A waiver for direct delivery of Case Management by an AAA is no longer required as of July 1, 2010.
	3122.3	In providing Case Management, the AAA, or entity that such agency has contracted with, shall comply with the following:	
		A	Not duplicate Case Management provided through other Federal and State programs, such as the Arizona Long Term Care System (ALTCs), the DES Division of Developmental Disabilities (DDD) and the Arizona Department of Health Services (ADHS). Efforts shall be made, to the extent possible, to ensure that coordination with other service systems do not result in services being duplicated and that the client's goals and objectives are not compromised between service systems.
		B	Conduct a functional assessment of all clients entering the NMHCBS System to determine eligibility. This may include assessment of the primary family caregiver to determine eligibility for services within the FCSP (see sections 3123 and 3600).
	3122.4	The AAA shall ensure Case Management providers receive the appropriate orientation and training on Case Management policies and procedures utilizing the following resources:	
		A	The Arizona Case Management Handbook 2010 (see Exhibit 3100B).
		B	The Division of Aging and Adult Services Policy and Procedure Manual as posted on the Division of Aging and Adult Services Website.

3120 Case Management for the NMHCBS System			
3123	Operational Procedures for Assessing Eligibility for the NMHCBS System		
	3123.1	The AAA shall be the single point of entry into the NMHCBS System.	
	3123.2	Case Management is the mechanism used to assess eligibility and authorize services. Individuals shall be assessed for eligibility within seven business days after initial screening and referral of the individual to the Case Management provider.	
		A	For eligibility criteria and requirements for NMHCBS, refer to section 3103.

3120		Case Management for the NMHCBS System		
3123	Operational Procedures for Assessing Eligibility for the NMHCBS System (continued)			
	3123.2	B	Referral to Case Management is determined through screening by AAA and / or their contracted providers.	
	3123.3	Determination of eligibility for entry into the NMHCBS System requires the use of one of the following assessment instruments:		
		A	The Arizona Standardized Client Assessment Plan (ASCAP), as defined in section 3123.4. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).	
		B	The Short Form Intake Document (SFID, formerly known as the Short Term Form or STF), as defined in section 3123.5. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).	
		C	The Kincare Intake Document (KID), as defined in section 3123.6	
	3123.4	The ASCAP shall be used as described in this section. A home visit is required for all individuals assessed with the ASCAP.		
		A	The following services require the use of the ASCAP to assess eligibility unless identified in 3123.5 and 3123.6.	
			1	Adult Day Care/Adult Day Health Care.
			2	Attendant Care.
			3	Home Delivered Meals.
			4	Home Health Aid.
5			Home Nursing.	
6			Housekeeping/Homemaker (includes chore and shopping).	
7			Personal Care.	
8			Respite (in home and group).	
9	Supplemental Services for Family Caregivers, including home repair/renovation, adaptive aids and devices, transportation, kinship care support and supplemental provisions.			
3123.5	The Short Form Intake Document (SFID) may be used instead of the ASCAP to assess eligibility for the services described in this section. Unless otherwise identified, a home visit is required for all individuals assessed with the SFID.			

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Case Management for the NMHCBS System

3123

Operational Procedures for Assessing Eligibility for the NMHCBS System
(continued)

3123	3123.5	A	Short Term Home Delivered Meals, for a period up to 90 days, if Home Delivered Meals is the only service being authorized. A home visit is not required when using the SFID to determine eligibility for short-term home delivered meals.	
		B	Family Caregiver Support Services (FCSP): Respite, Group Respite or Adult/Child Day Care, Supplemental Services, including home repair/renovation, adaptive aids and devices, transportation, kinship care support and supplemental provisions.	
			1	If an individual is being assessed for emergency respite services, a home visit may take place after authorization and service delivery.
		C	Tribal Services:	
			1	Home Delivered Meals.
			2	Housekeeping/Homemaker.
			3	Personal Care.
			4	Respite Care.
			5	Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids and Supplemental Provisions.
		6	Other services as approved by the Division of Aging and Adult Services.	
	3123.6	The Kincare Intake Document (KID) is used when assessing eligibility of grandparents or other relative caregivers of children for services within the FCSP, which includes the Grandparent Kinship Care Support Program and can be used to determine eligibility for the services identified in this section. A home visit is required for all individuals authorized for services with the KID.		
		A	Case Management.	
		B	Respite, Group Respite, or Adult/Child Day Care.	
		C	Caregiver Supplemental Services, including Kinship Care Support, Home Repair, Adaptive Aids and Supplemental Provisions.	
	3123.7	Qualifiers on the assessment instrument may also be used in determining eligibility as outlined in the ASCAP Manual.		
	3123.8	Re-Determination of Eligibility: The Case Management provider shall conduct a re-determination based on the following criteria:		
		A	A change occurs which affects eligibility or the need for service.	
		B	At least every twelve months unless identified in 3123.8.C and 3123.8.D.	

3120 Case Management for the NMHCBS System		
3123	Operational Procedures for Assessing Eligibility for the NMHCBS System (continued)	
	3123.8	C As specified in section 3125.A, if it is determined that Home Delivered Meals is needed beyond 90 days, redetermination must be conducted using the ASCAP.
	3123.9	Service Denial: Services may be denied to individuals if one of the following is met:
		A The eligibility criteria described in section 3103 are not met.
		B With the exception of disclosing information on income, information necessary to complete an assessment is not provided.

3120 Case Management for the NMHCBS System		
3124	Operational Procedures for Service Authorization	
	3124.1	Services may be authorized to individuals meeting the eligibility criteria described in section 3103, documented through assessment as described in section 3123.
	3124.2	Services should be authorized based on the following priorities in descending order:
		A Individuals 60 years of age or older, with the greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and any individuals with Alzheimer's disease or related dementias.
		B Individuals under 60 years of age with a disability
		C Eligible individuals accepted in an entitlement program or receiving services through another service system. Services must be non-duplicative.
	3124.3	Services are authorized using the assessment instruments described in section 3123.
		A If individuals do not meet the criteria for services identified in 3103.3.A, but are determined to be in need of home nursing or home health aid, services may be provided if the following is documented on the assessment tool described in section 3123.8 (the "ASCAP"): At least one of the eight applicable choices in Category 9 of the Medical/Nursing Services is marked.
		B If NMHCBS were authorized through the ASCAP, the SFID shall not be used to authorize additional services.
	3124.4	Services are authorized by Case Management providers, who create a service plan for each client.

3120 Case Management for the NMHCBS System		
3124	Operational Procedures for Service Authorization (continued)	
	3124.4	A A correlation must be demonstrated between the individual's impairment level(s) and the service(s) authorized.
		B Service authorizations shall not exceed levels required to meet the eligible individual's needs.
		Service authorizations shall be for a time period determined to meet the eligible individual's need, but shall not exceed a 12-month period. See section 3123.8. for re-determination process.
		C 1 Authorizations for Home Delivered Meals for a spouse shall coincide with the authorization of Home Delivered Meals for the primary recipient. The assessment tool must reference the corresponding social security number of the primary recipient in order for the spouse's authorization to be valid.
	3124.5	AAA may identify and authorize Non-Case Management providers within their planning and service area to complete and submit the Short Form Intake Document for an individual requiring only short-term Home Delivered Meals.

3120 Case Management for the NMHCBS System		
3125	Operational Procedures for Service Documentation and Provision	
	3125.1	The Case Management provider shall complete all mandatory fields on the assessment tools and obtain the necessary signatures and comply with the following time-frames :
		A The assessment tool shall be submitted to the AAA for input into the Aging Information Management System (DAARS) within seven business days following the completion of the assessment.
		B Service plans must be forwarded to the service providers within five business days of authorization.
	3125.2	Service providers shall comply with the following time-frames :
		A Service providers shall initiate service provision authorized by the ASCAP and other approved assessment instruments within seven business days after an individual has been assessed for eligibility for the service(s) developed in the service plan.
		B Service provision by the providing agency can commence before receipt of the service plan, but initiation is limited to five days before receipt of the plan.

3120 Case Management for the NMHCBS System		
3125	Operational Procedures for Service Documentation and Provision (continued)	
	3125.3	The AAA shall ensure that all of the data from the ASCAP and other approved assessment instruments is entered into the DAARS within ten business days after receipt. If the ASCAP or other approved assessment instruments contains blank mandatory fields, the Area Agency on Aging must establish a process with the Case Management provider for completion of blank mandatory fields. Documentation must exist that the Case Management provider supplied information for completion.

3120 Case Management for the NMHCBS System		
3126	Operational Procedures for Case File Documentation	
	3126.1	Case files must be maintained in accordance with the requirements for confidentiality outlined in the Division of Aging and Adult Services Policy and Procedures Manual Section 1900.
	3126.2	The AAA shall ensure that its Case Management provider completes case files on each individual referred for Case Management.
	3126.3	Case files must contain the following documentation:
		A A copy of the assessment/reassessment instrument, including the service plan.
		B Case notes, through regular narrative entries, about the individual and his/her services based on contacts with providers, significant others and the individual. Case notes should address the current functional status of the individual and identify linkages between the service plan goals and the services selected and authorized for the client.
		C Copies of the referral forms utilized by Case Management agencies assigning the individual to one or more service providers.
		D Quarterly reviews and updates of the individual's service plan.
		E Documentation of contacts with the client regarding service modification, termination, or appeals.

3120		Case Management for the NMHCBS System		
3127	Operational Procedures for Monitoring of Service Plans			
	3127.1	The AAA shall ensure that its Case Management provider(s) monitor(s) service plans for individuals authorized to receive services at least every 90 days or when a change occurs that affects eligibility or need. This shall be accomplished through a home visit unless otherwise specified.		
		A	Monitoring of the service plan is required to determine the following:	
			1	That the services authorized meet the individual’s needs.
			2	That services are being provided in accordance with the service plan.
			3	The quality of the services provided.
			4	That issues or problems relative to the service delivery process are identified.
			5	That a course of action for identified issues or problems are developed.
		B	Monitoring of service plans may be accomplished through the following approaches:	
			1	A telephone contact.
			2	Inter-agency monthly or 90-day case conferences held with the service provider to discuss the service plan, service delivery issues and/or problems encountered with the individual.
			3	A home visit. A home visit is required every 180 days.
	3127.2	Monitoring of service plans may result in revisions made to the service plan, based upon individual need(s). Revisions may include service continuation, modification or termination .		
		A	Home visits are required when service additions or deletions are made to the individual's service plan.	
			1	The Case Management provider shall obtain the necessary signatures for services added to or deleted from the service plan. Note: Signatures are not required for service level increases or decreases.
			2	The assessment tool shall be submitted to the AAA based on the time frames identified in section 3125.
		B	Eligibility for services must be re-determined as described in section 3123.8. Home visits are required for services when conducting an annual re-determination.	
		C	The following applies to short-term Home Delivered Meals as specified in section 3123.5.B:	

3120		Case Management for the NMHCBS System				
3127	Operational Procedures for Monitoring of Service Plans (continued)					
	3127.2	C	1		The individual shall be contacted by the Case Management provider at least ten business days before the end of the 90 day period to determine service continuance or termination.	
				a	If service continuation is warranted or if it is determined that other services are needed, the Case Management provider shall complete the ASCAP.	
				b	If service continuance is not warranted, the Case Management provider shall submit the SFID to the AAA within seven business days following the end of the 90 day period so that the services to that individual may be closed in DAARS.	
		D	The following applies to Family Caregiver Support Program:			
			1	Monitoring for Caregiver Services includes the care recipient and the caregiver. See 3123.7. for caregiver assessment.		
			2	If it is determined that services other than Caregiver Services are needed, an ASCAP must be completed.		
	3127.3	The following applies to service termination:				
		A	Services may be terminated for the following reasons: voluntarily by the individual, the individual dies, the individual moves out of the planning and service area or the state, the individual is accepted into an entitlement program and receives comparable services, the individual is admitted to an institution for an indefinite stay, or the individual becomes a resident of a LTC facility.			
		B	Services may also be terminated if the individual has not cooperated with the delivery of service. Examples of lack of cooperation include, but are not limited to, not providing required information, refusing to allow a home visit, or providing incorrect information. The lack of cooperation must be documented with specificity. Documentation in the case file must demonstrate attempts at resolution and subsequent service termination.			
		C	When the reason for service termination is the individual's death, the Case Management provider must end date the service authorization(s) with the actual date of death.			
		D	Voluntary service termination may occur when the individual and the Case Management provider agree that the service needs of the individual have been met. Documentation in the case file must support the voluntary termination.			
		E	Services may also be terminated when funding is no longer available.			
		F	Termination of services within the service plan or case closures must be forwarded by the Case Management provider to provider agencies and the AAA within seven business days after the individual's case is closed.			

3120 Case Management for the NMHCBS System			
3127	Operational Procedures for Monitoring of Service Plans (continued)		
	3127.3	G	Signatures are not required when all services are terminated and the case is closed.

3120 Case Management for the NMHCBS System			
3128	Operational Procedures for NMHCBS Reporting Requirements		
	3128.1		The AAA shall collect data and maintain records relating to the NMHCBS System as defined in the Division of Aging and Adult Services Policy Section 1600.

3140 Direct Care Worker Training			
3141	Overview		
	3141.1		This section describes the training requirements for Direct Care Workers. A Direct Care Worker (DCW) is a person who assists an older adult or an individual with a disability with activities necessary to allow them to reside in their home. In the NMHCBS system this includes Attendant Care, Personal Care, Homemaker/ Housekeeping and Respite services.
		A	This requirement goes into effect July 1, 2013. It replaces all earlier training requirements for DCWs.
		B	This training requirement is coordinated with the AHCCCS-ALTCS requirement for DCWs, as described in AHCCCS Medical Policy Manual (AMPM) section 1240 and AHCCCS Contractor Operations Manual (ACOM), section 429.
		C	Initial training and testing for DCWs providing Attendant Care, Personal Care, and Homemaker/ Housekeeping may be provided only by a Direct Care Workers Approved Training and Testing Program (Approved Program). Provider agencies may train and test their own DCWs, but they must become an Approved Program. A list of Approved Programs and information on becoming an Approved Program is available at www.azahcccs.gov/dcw .

3140 Direct Care Worker Training		
3142	Requirements for Area Agencies	
	3142.1	AAAs shall ensure that the following requirements are met:
		A AAAs shall contract only with agencies whose DCW staff meets the requirements described in this Policy.
		B AAAs shall ensure that all contractors who employ DCWs meet the requirements described in this Policy.
		C AAAs will update their monitoring processes and tools to ensure that individual DCWs employed by sub-contracted agencies meet the training requirements in this Policy.
		D AAAs will participate in the monitoring of Approved Programs. See Section 3146.

3140			Direct Care Worker Training		
3143	Requirements for Sub-Contractors and Agencies That Employ Direct Care Workers				
	3143.1	The following criteria apply to all sub-contractors and agencies that employ DCWs.			
		A	Pre-screen all DCW applicants including contacting three references, one of whom must be a former employer, if applicable. This process must also incorporate evaluation of the appropriateness of allowing the client's relatives to provide direct care services.		
		B	Ensure that all DCWs hold current certification in CPR and first aid prior to providing care to a client and meet the training and testing requirements in this Policy.		
		C	Ensure compliance with education requirements for DCWs providing Attendant Care, Personal Care, and Homemaker/ Housekeeping described in this Policy by:		
			1	Becoming an Approved Training and Testing Program (see Section 3141.1.C) and training DCWs;	
			2	Contracting with another Approved Program for training of DCWs, or Verifying prior training of DCWs using the verification process specified at www.azahcccs.gov/dcw .	
		D	Maintain records which demonstrate that DCWs meet the training requirements.		
			1	Keep a copy of training and testing documentation in the DCW's file.	

3140		Direct Care Worker Training	
3143	Requirements for Sub-Contractors and Agencies That Employ Direct Care Workers (continued)		
	3143.1	2	For DCWs providing Attendant Care, Personal Care, and Homemaker/ Housekeeping, provide testing results to AHCCCS and other providers when requested. This includes testing results received from an Approved Program contracted for training of DCWs. Provide the DCW written documentation of completed training and testing upon request. This can be a certificate of completion or a letter. Such documentation is for information only; it cannot be used to verify the completion of training and testing.
		E	Provide continuing education; see Section 3145.2. Agencies must keep records on continuing education, including hours and topics. The agency does not have to be an Approved Training and Testing Program to provide continuing education.
		F	Supervise and monitor the DCW; see also Section 3144.1.D and E.
		G	Agencies that are Approved Training and Testing Programs must follow AHCCCS requirements and policies pertaining to Approved Programs (see Section 3141.1.C).

3140		Direct Care Worker Training		
3144	Requirements Applicable to all Direct Care Workers			
	3144.1	All DCWs, including those who are family members, must meet the following requirements:		
		A		Hold certification in Cardiopulmonary Resuscitation (CPR) and first aid.
			1	Training in CPR and first aid must be provided or sponsored by a nationally recognized organization.
			2	Training sessions must be in person in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation, chest compressions and first aid skills. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.
		B	Meet the initial training and testing requirements described in this Policy.	
		C	Comply with the continuing education requirements described in this Policy.	

3140		Direct Care Worker Training	
3144	Requirements Applicable to all Direct Care Workers (continued)		
	3144.1	D	Comply with recommendations and requirements resulting from routine monitoring and supervision by the Area Agency on Aging or subcontracted agency. This is to ensure the competency of the DCW. The monitoring and supervision may also provide assistance with any adjustment issues between the client and the DCW. All monitoring and supervision assessments must be documented and kept in the DCW's personnel file.
		E	Comply with the objectives and methods specified in the client's individualized service plan. The service plan, based on an assessment of the client's level of functioning and need for direct care service and other services, must be developed by the case manager for each member who is to receive direct care services. The DCW, or agency representative, must notify the case manager or designee of any changes in the client's condition.
	3144.2	DCW training as specified in Section 3145.2 is required of all staff providing personal care, attendant care, and homemaker/housekeeping in the NMHCBS system, unless specified below.	
		A	All DCWs with an initial hire date on or after 7/01/2013 must meet the DCW training and testing requirements contained within this policy.
		B	A DCW with an initial hire date prior to 6/30/2013 is deemed to meet the training and testing requirements with the DCW agency (or agencies) where they are currently employed. However, if the DCW becomes employed with another agency on or after 7/01/2013, he/she shall need to meet the training and testing requirements contained within this policy.
		C	The following are exempt from the DCW training and testing requirements, if their Arizona credentials are current: a Registered Nurse, a Licensed Practical Nurse, or a Certified Nursing Assistant per A.R.S. 32, Chapter 15. This exemption allows the DCW agency the discretion to test and train their employees as determined necessary.
		D	Agencies employing DCWs have up to a period of 90 calendar days to ensure that training and testing are completed by DCWs. It is permissible for the DCW to provide care during the 90 days. In the event a DCW's 90 day training period has expired prior to the DCW getting trained and passing the knowledge and skills tests, the DCW must stop providing care until the training and testing requirements are met.
		E	A DCW who has not worked as a DCW or has not had work experiences similar to that performed by DCWs in the last two years will be required to repeat written and skill testing with an Approved Program. Section 3144.2.D. applies.
		F	The training and testing requirements included in this Policy are not applicable to self-directed program options, such as Veterans Directed Home and Community Based Services (VD-HCBS), or independent providers in consumer-directed or voucher-based programs. The clients in such programs may require the DCW to complete the DCW training or identify a different training program for the DCW, which will become part of the service plan.

3140		Direct Care Worker Training			
3145	Initial Training and Testing of DCWs				
	3145.1	Individuals who provide Respite must meet requirements specified in Section 3144.1 and complete initial training to obtain the appropriate skills and knowledge to meet the needs of clients assigned to them.			
	3145.2	The Principles of Caregiving curriculum modules provide the basis for the competencies for training and testing of DCWs providing Attendant Care, Personal Care, and Homemaker/ Housekeeping services. The curriculum and the competencies are available at www.azdirectcare.org . DCWs, as specified in Section 3144.2, must meet the following initial training requirements:			
		A	Skills, knowledge and ability are demonstrated by completion of the course and passing a knowledge test and skills test that is based on the Principles of Caregiving or equivalent and approved curriculum. Completion of a training course is recommended; however, demonstration of knowledge and skills by testing is mandatory. Unless exempt as per Section 3144.2.C. and F, the DCW must achieve a score of 80% for each knowledge test and pass all (100%) of the skills testing for any curriculum modules. Demonstration of skills, knowledge and ability is required at the following levels for the specified direct care workers:		
			1	Level 1 – Introduction to and Fundamentals of Caregiving must be completed by all DCWs as specified in Section 3144.2., including family caregivers, except as noted in Sections 3144.2 C. and F.	
			2	Level 2 – A specialized module (Aging and Physical Disabilities or Developmental Disabilities) must be successfully completed by all DCWs providing Attendant Care or Personal Care, except as noted in Sections 3142.2.C. and F. and excluding family caregivers who provide care only to a family member.	
		B	The following applies to Level 2 training:		
			1	Successfully completing Level 2 means at least one of the specialized modules must be completed, and the DCW must pass the knowledge test and skills test.	
			2	DCWs must complete the Level 2 module that is most appropriate for the clients served. A DCW who serves older adults and/or individuals with a physical disability must complete the Aging and Physical Disabilities module. A DCW who serves individuals with a developmental disability needs to complete the Developmental Disabilities module. A DCW who serves adults and/or individuals with a physical disability and individuals with a developmental disability must complete both Level 2 modules.	
			3	Any portion of the training or testing (including skills) that is the same in different modules does not have to be repeated.	
		C	A DCW, including those who are family members, may require additional training to meet the specific needs of an individual client, as determined by the service plan.		
		D	The standardized tests are available only to Approved Programs; see Section 3141.1.C.		

3140 Direct Care Worker Training			
3145	Initial Training and Testing of DCWs (continued)		
	3145.2	E	Training is required only once, except as specified in section 3144.2.E., but employers may require repeat training and/or testing if they deem it necessary to establish qualifications.

3140 Direct Care Worker Training			
3146	Continuing Training and Testing of DCWs		
	3146.1		All DCWs must complete continuing education annually, including DCWs hired before 7/1/2013. The following criteria apply:
		A	Six hours of continuing education are required annually.
		B	The training completed to become a DCW can be counted towards the required six hours of continuing education in the first year.
		C	CPR and first aid training cannot count toward the six hour requirement.
			Continuing education shall include training on additional curriculum modules and relevant topics. It is not the intent of continuing education to repeat the same topics year after year.
		D	The <i>Principals of Caregiving, Alzheimer's Disease and other Dementias</i> module, developed by representatives of residential care, home and community based care, experts in the fields of communication, behavior, and activities, is recommended for continuing education.
		1	
		E	For family caregivers, the continuing education can be specific to the service recipient.
		F	Continuing education can be offered in many forms, including in-service, video or digital video disk (DVD), written material, attendance at a class or conference, and so forth. Consideration should be given to allow family caregivers to complete the materials at home.
		G	Continuing education requirements are the responsibility of the DCW's employer, regardless of where initial training and testing was completed. See also Section 3143.1.F.

3140		Direct Care Worker Training		
3147	Continuing Training and Testing Program Approval and Monitoring			
	3147.1		After a DCW Training and Testing Program has received initial approval by AHCCCS (see Section 3141.1.C), an ALTCS Contractor, an AAA, or a designated entity will conduct an initial audit within 180 days of the initial program approval. AHCCCS will coordinate with the Contractors and the AAAs to determine which entity shall conduct the initial audit and subsequent onsite annual audits (+/-2 months). Contracted agencies that are not AHCCCS providers shall be monitored by the AAAs.	
		A	The Area Agency on Aging will conduct monitoring of Approved Programs using the same monitoring tool as AHCCCS Contractors.	
		B	The Area Agency may accept the audit results from AHCCCS or an AHCCCS program contractor; however, the Area Agency must verify that the audit was done properly. The Area Agency may conduct an additional audit at its discretion at any time of the review cycle.	

EXHIBITS	
3100A	DAAS Service Eligibility Matrix 2011 https://www.azdes.gov/uploadedFiles/DAAS/daas_service_eligibility_matrix_7_15_10.pdf
3000A	DAAS Service Eligibility Matrix 2004 https://www.azdes.gov/uploadedFiles/DAAS/Exhibit_3000A_DAAS.pdf
3100B	Case Management Handbook 2010 https://www.azdes.gov/uploadedFiles/DAAS/case_management_handbook_Final.pdf

3200		Nutrition Services	
3201	Overview		
	3201.1	This section provides an outline of the Division of Aging and Adult Services operational policies and procedures for Nutrition Services and reporting requirements. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging (AoA).	
	3201.2	The Division of Aging and Adult Services, through its contracts with the Area Agencies on Aging (AAA), shall provide nutrition services to older adults and eligible persons with disabilities. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition and their ability to live at home in the community.	
		Individuals at highest risk for poor nutrition and the resultant health consequences include people who:	
		A	Are age 85 or older
		B	Are minorities
		C	Are low income
		D	Live alone
		E	Have a disabling condition that interferes with the ability to shop and prepare meals
		F	Have limited English proficiency
		G	Are at risk for institutional placement
		H	Have multiple chronic diseases
	Adequate nutrition is integral to healthy aging and the prevention or delay of chronic diseases and disease-related disabilities. Congregate nutrition services improve a participant's physical and mental health and prevent more costly interventions. Home delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow him/her to stay in their home and community.		
	3201.3	The objectives of the nutrition services include a range of related services for older adults that enable them to live independently in their home and community by:	
		A	Providing nutritious and appealing meals
		B	Preserving and promoting health and preventing disease
		C	Reducing malnutrition risk and improving nutritional status
		D	Reducing social isolation and increasing social interaction

3200			Nutrition Services	
3201	Overview (continued)			
		E	Linking older adults with other community-based services such as physical activity programs, community health, transportation, legal services and case management services	
		F	Providing an opportunity for meaningful community involvement (i.e. volunteering)	

3200		Nutrition Services	
3202	Authority and Statutory Requirement		
	3202.1	Nutrition Services are authorized and governed by the following statutes and regulations:	
		A	Older Americans Act, P.L. 109-365, Sections 306, 312, 313 and 339. http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx
		B	CFDA 93.053; Nutrition Services Incentive Program. http://www.law.cornell.edu/uscode/42/usc_sec_42_00003030---a000-.html
		C	A.R.S. § 46-141; Finger printing and background checks. http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/46/00141.htm&Title=46&DocType=ARS
		D	A.R.S. § 13-3623; Vulnerable adults. http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/13/03623.htm&Title=13&DocType=ARS
		E	A.R.S. § 41-1758.03 Fingerprint Clearance Cards. http://www.azdps.gov/services/Fingerprint/
	3202.2	The AAA must ensure that service providers comply with the following:	
		A	A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

3200		Nutrition Services	
3203	Operational Procedures for Nutrition Services Eligibility		
	3203.1	The following individuals are eligible to receive a meal at a congregate nutrition site:	
		A	An individual age sixty or older.
		B	The spouse of an individual age sixty or older. The spouse may be of any age.
		C	An individual with a disability, under age sixty who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided.
		D	An individual with a disability who resides at home with and accompanies an older individual who participates in the program.
		E	A volunteer under age sixty who provide services during the meal hour(s).
	3203.2	The following individuals are eligible to receive home delivered meals:	
		A	An individual sixty years of age or older who has functional limitations, as described in Section 3100 of the Division of Aging and Adult Services Policy and Procedures Manual, which restrict his/her ability to obtain and prepare appropriate meals within his/her home and has no other meal preparation assistance. Individuals must be assessed as moderately to severely impaired in two areas of Instrumental Activities of Daily Living and one of the Instrumental Activities of Daily Living must be meal preparation. Other eligibility criteria apply for Home Delivered Meals as described in Section 3100 of the Division of Aging and Adult Services Policy and Procedures Manual.
		B	The spouse of an individual defined in sections 3203.1.A and 3203.2, regardless of age or condition where receipt of the meal is in the best interest of the eligible home delivered meal participant.
		C	An individual with a disability under age sixty who resides with a person defined in 3203.1.A where receipt of the meal is in the best interest of the eligible home delivered meal participant.
		D	An individual with a disability, under age sixty, who has functional limitations, as described in the Division of Aging and Adult Services Policy and Procedures Manual (see section 3103) which restricts their ability to obtain and prepare appropriate meals within their home and has no other meal preparation assistance. Funds other than Older Americans Act must be expended for persons in this category.
	3203.3	The following documentation must be maintained in a central file to support the eligibility of nutrition services participants:	
		A	Sign-in sheets listing congregate meal participants with their signatures.
		B	Route sheets that identify the date and time of delivery and that are signed by each home delivered meal participant or designee.

3200		Nutrition Services
3203	Operational Procedures for Nutrition Services Eligibility (continued)	
	3203.4	An assessment is required for a home delivered meal participant that establishes that the participant meets the eligibility requirements described in 3203.2. Documentation should comply with the requirements detailed in the Case Management Policy (see section 3125).
	3203.5	The nutrition screening form, Determine Your Nutritional Health, must be administered to all nutrition services participants upon entry into the program and annually thereafter (see Exhibits 3200A&B).

3200		Nutrition Services
3204	Operational Procedures for the Administration of Nutrition Services	
	3204.1	The Arizona DES Division of Aging and Adult Services Nutrition, Food Service and Wellness Manual is the reference manual for nutrition services (see Exhibit 3200C).
	3204.2	U.S. Dietary Guidelines shall be utilized when planning menus:
		A Each meal must meet a minimum of 33 1/3% of the Dietary Reference Intakes, for each meal provided per day. Menus shall meet the recommendations from the current Dietary Guidelines for each meal served. Each meal served must contain an average of 650 calories; at least 500 calories but not more than 800 calories. The sodium content for each meal served must range from 500mg to 800mg.
		B Menus must be planned in advance using a standardized meal planner. Meal providers shall plan menus by soliciting the advice and expertise of a dietitian, or other individual described in 3204.2C, meal participants and other individuals knowledgeable with regard to the needs of older individuals. These may include but are not limited to advisory councils, participant surveys, focus groups and site councils. Menus shall be in the predominant language of the participants. Meal providers must ensure that Menus consist of a minimum of a six-week cycle rotation to be updated biannually.
		C Menus shall be prepared as written. All substitutions must be documented on the menu. A majority of the meals must be planned as hot meals. A cold meal may be planned up to ten times during a six-week menu cycle to add variety to the menu. Menus must be submitted on a standardized menu form and approved by a Registered Dietitian, Nutritionist, Registered Dietetic Technician, or a Certified Dietary Manager prior to posting. The Registered Dietitian, Nutritionist, Registered Dietetic Technician, or Certified Dietary Manager will verify the requirements specified in 3204.2.A by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the Nutrition, Food Service and Wellness Manual (see Exhibit 3200C).

3200		Nutrition Services	
3204	Operational Procedures for the Administration of Nutrition Services		
	3204.2	D	Meals may be prepared and served for persons needing diabetic, renal or restricted sodium diets when feasible, appropriate and cost effective, to meet particular dietary needs. A written order from the participant's physician is required for the special diet. Special diet menus must be approved by a Registered Dietitian, Nutritionist, Registered Dietetic Technician, or Certified Dietary Manager.
		E	Menus, as served, must be retained by the provider for at least one year after the meals have been served.
	3204.3	The AAA must ensure that Nutrition Service providers comply with the following:	
		A	All state and local health regulations, ordinances and codes regarding the purchasing, preparation, handling and serving of food. All food purchases and food received as donations must be from an approved source and documented as such.
	3204.3	B	Utilize and maintain proper equipment for the storage, preparation, holding, and serving of food.
		C	Have a written emergency feeding plan which can be implemented as soon as necessary and keep a one-day emergency food supply on hand at all times that meets 33 1/3 % of the Dietary Reference Intakes.
		D	Hold a minimum of two nutrition education sessions per quarter for congregate meal participants. Printed nutrition education materials shall be provided two times per quarter to home delivered meal participants.
		E	Provide any eligible individual, who receives a meal, the opportunity to contribute to the cost of the meal as identified in the Division of Aging and Adult Services Service Contribution Policy Section 2900.
		F	Where applicable, provide nutrition counseling, which is the provision of individualized advice and guidance, by a registered dietitian or physician to participants who are at high nutritional risk because of their health and/or nutritional history, dietary intake, medication use or chronic illnesses.
	3204.4	The AAA may contract with Nutrition Service providers for catering services.	
		A	The AAA that contract with Nutrition Service providers and who engage catering services with other Nutrition Service providers must decide whom to reimburse.
		B	The AAA must ensure that Nutrition Service providers meet Nutrition Service provider requirements identified in 3204.2.

3200 Nutrition Services		
3205	Operational Procedures for Monitoring of Nutrition Services	
	3205.1	The AAA will monitor the centers/sites for compliance, including the requirements outlined in the Division of Aging and Adult Services Policy and Procedure Manual and Nutrition, Food Service and Wellness Manual (see Exhibit 3200C).
	3205.2	The AAA must ensure that center/sites respond to monitoring reports and initiate any necessary corrective action within 30 days.

3200 Nutrition Services		
3206	Operational Procedures for the Nutrition Services Incentive Program	
	3206.1	The purpose of the Nutrition Services Incentive Program (NSIP) is for states to receive incentives in the form of cash or commodities to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The Division of Aging and Adult Services has elected to receive cash only for this program and not to receive commodities.
	3206.2	Allocations to an Area Agency on Aging or to a Tribal organization are based on the number of meals actually served in the previous federal fiscal year in relationship to the total number of meals actually served in the previous year by all States and Tribes. Meals that may be counted for this program are those that meet the eligibility requirements in section 3203.1& 3203.2.
	3206.3	Funds received shall be used to purchase foods for the Nutrition projects. Unexpended funds may be carried over into the next fiscal year.

3200 Nutrition Services		
3207	Operational Procedures for Reporting Requirements	
	3207.1	The AAA shall collect data and maintain records as defined in the Division of Aging and Adult Services Policy and Procedure Manual Section 1600.

EXHIBITS

3200A	Nutrition Screening Initiative DETERMINE Checklist (English) https://www.azdes.gov/InternetFiles/IntranetProgrammaticForms/pdf/AG-119.pdf
3200B	Nutrition Screening Initiative DETERMINE Checklist (Spanish) https://www.azdes.gov/InternetFiles/IntranetProgrammaticForms/pdf/AG-119-S.pdf
3200C	Nutrition, Food Service and Wellness Manual https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1182AMANPD.pdf

3300		Disease Prevention and Health Promotion Services
3301	Overview	
	3301.1	This section provides an outline of the Division of Aging and Adult Services operational policies and procedures for Disease Prevention and Health Promotion Services and reporting requirements. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration for Community Living (ACL).
	3301.2	The Division of Aging and Adult Services, through its contracts with the Area Agencies on Aging (AAAs), shall provide Disease Prevention and Health Promotion Services to older adults and eligible persons with disabilities. These services help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging. Many programs including evidence-based programs assist older adults to prevent illness and manage chronic physical conditions. Although illness and disability rates increase with age, research has demonstrated that health promotion and disease prevention activities can help promote healthy and independent lives for older individuals. Disease Prevention and Health Promotion Services contribute to healthy aging and the maintenance of optimal physical, mental, and social well-being in older adults. An active healthy lifestyle can help older adults prolong their independence and improve their quality of life.
	3301.3	Older Americans Act (OAA) Title IIID funding is intended to initiate and provide programs designed to help older adults prevent and/or manage chronic diseases and promote healthier lifestyles. Healthy aging reduces healthcare costs and improves quality of life for older adults. Evidence-based programs are shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce the use of hospital services and emergency room visits. Older Americans are disproportionately affected by chronic disease and evidence-based programs can mitigate the negative impact of chronic diseases and related injuries. Furthermore, evidence-based programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management.

3300		Disease Prevention and Health Promotion Services
3302	Authority and Statutory Requirement	
	3302.1	Disease Prevention and Health Promotion Services are authorized and governed by the following statute and regulation for the use of Title IIID funding by the Older Americans Act (OAA) and the ACL.
	3302.2	Older Americans Act, Section 361: http://www.aoa.gov/AoA_programs/OAA/oa_full.asp#_Toc153957705

3300 Disease Prevention and Health Promotion Services		
3303	Operational Procedures for Disease Prevention and Health Promotion Services Eligibility	
	3303.1	The following individuals are eligible to receive disease prevention and health promotion services based on availability of funding:
		A An individual age sixty or older;
		B An individual with a disability under the age of sixty (funds other than Older Americans Act must be used, e.g., Social Service Block Grants);
		C Family Caregivers as defined in the Division of Aging and Adult Services Policy and Procedures Manual Section 3600 – Family Caregiver Support Services.
	3303.2	Priority shall be given to older adults:
		A AAAs shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

3300 Disease Prevention and Health Promotion Services		
3304	Operational Procedures for the Administration of Disease Prevention and Health Promotion Services	
	3304.1	The Arizona Department of Economic Security, Division of Aging and Adult Services Nutrition, Food Service and Wellness Manual is the reference manual for disease prevention and health promotion services (see Exhibit 3200A).
	3304.2	Congressional Appropriation for Federal Fiscal Year 2012 require that Older Americans Act Title IIID funding be used only for programs and activities which have been demonstrated to be evidence-based and effective supporting healthy lifestyles and promoting healthy behaviors. The ACL uses a graduated or tiered set of criteria for defining evidence-based interventions. Health promotion programs can fall within a minimal, intermediate, and/or highest level criteria. More information can be found on the AoA website about Title IIID funding and approved ACL evidence-based programs at http://aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx .
	3304.3 A	Minimal Criteria
		1 Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and
		2 Ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

3300		Disease Prevention and Health Promotion Services	
3304	Operational Procedures for the Administration of Disease Prevention and Health Promotion Services (continued)		
		3	Examples: programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, fall prevention, physical activity and improved nutrition; and most health screenings would also qualify at this level.
	3304.3 B	Intermediate Criteria	
		1	Published in a peer-review journal.
		2	Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.).
		3	Some basis in translation for implementation by community level organization.
		4	Example: Eat Better Move More.
	3304.3 C	Highest-level Criteria	
		1	Undergone Experimental or Quasi-Experimental Design.
		2	Level at which full translation has occurred in a community site.
		3	Level at which dissemination products have been developed and are available to the public.
		4	Examples: EnhanceFitness, A Matter of Balance, Healthy Living (Chronic Disease Self- Management Program).
	3304.4	The AAA, or entity that such agency has contracted with, shall ensure that their intake, outreach, and community education processes include providing information and assistance to a person(s) inquiring about disease prevention and health promotion services and programs.	
	3304.5	The AAA, or entity that such agency has contracted with, shall make every effort to provide a full range of Disease Prevention and Health Promotion services and programs in the community by coordinating its activities with the activities of other community agencies and voluntary organizations providing supportive services and programs to older individuals. Partnerships extend the reach of Disease Prevention and Health Promotion services and programs, and can include: where applicable, community health centers, mental health centers, state and local government agencies, centers for independent living, public health departments, state and local non-profit organizations, educational and/or health care institutions, community organizations, or other identified entities.	

3300 Disease Prevention and Health Promotion Services		
3304	Operational Procedures for the Administration of Disease Prevention and Health Promotion Services (continued)	
	3304.6	<p>AAAs can meet full compliance of the Congressional intent identified in section 3304.2 by having programs at the minimal and intermediate criterion with a goal of moving to the highest level criteria. Effective 7/1/2014, AAAs must implement at least one program in the highest level criteria for DPHP. AAAs shall allocate, to the extent that funds allow, the amount of funds necessary to achieve region-wide availability of ACL approved evidence-based programs. Technical assistance from Division of Aging and Adult Services will be provided in meeting this requirement.</p> <p>AAAs who are unable to comply with the effective date, must provide written justification 30 days prior to the effective date of 7/1/2014 to the Division of Aging and Adult Services and seek technical assistance from the Division of Aging and Adult Services Health and Wellness Coordinator to work toward moving to the highest level criteria. Although the ACL has not identified a target date for moving all DPHP activities to the highest level criteria interventions, Arizona is committed to reaching this standard by 7/1/2017.</p>

3300 Disease Prevention and Health Promotion Services		
3305	Operational Procedures for Disease Prevention and Health Promotion Services Eligibility	
	3305.1	The AAAs will ensure certification and licensure standards are met when providing an evidenced-based program for which licensing or certification requirements exist.
	3305.2	For delivery of services identified in 3304.3.A, the AAAs will ensure that educators/presenters providing health promotion activities meet appropriate certification/licensure standards.

3300 Disease Prevention and Health Promotion Services		
3306	Operational Procedures for Reporting Requirements	
	3306.1	<p>The AAAs shall collect data and maintain records as defined in the Division of Aging and Adult Service Policy and Procedure Manual Section 1600.</p> <p>https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252</p>
	3306.2	The AAAs will provide quarterly narrative reports to the Division of Aging and Adult Services about health promotion and disease prevention activities using the Division of Aging and Adult Services/AAA Disease Prevention and Health Promotion Quarterly Report document. The AAAs will provide quantitative data on Disease Prevention and Health Promotion activities to the monthly Social Service Report.

EXHIBITS

3200A	Nutrition, Food Service, and Wellness Manual
3200B	Disease Prevention and Health Promotion Quarterly Report

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3401	Overview	
	3401.1	This section provides an outline for the operational policies and procedures for the SHIP and SMP Project. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services and/or the AoA.
	3401.2	SHIP provides education, outreach, counseling and information to Medicare beneficiaries, caregivers, family members and professionals. The Division of Aging and Adult Services applies for other grants to provide additional services that are complementary to the SHIP services.
	3401.3	SHIP was originally established to address the confusion caused by the increase in choices of Medicare supplemental insurance, or Medigap. Since the program's inception, however, the role of the SHIP in serving people with Medicare has greatly expanded. Today, trained counselors offer information, counseling and assistance to Medicare beneficiaries on a wide range of Medicare and Medicaid and Medigap matters, including, enrollment in Medicare prescription drug plans, Medicare Advantage options, LTC insurance, claims and billing problem resolution, information and referral on public benefit programs for those with limited income and assets and other health insurance benefit information.
	3401.4	SMP was designed to recruit and train retired professionals, such as, doctors, nurses, teachers, lawyers, accountants and others to identify and report error, fraud and abuse in the Medicare and Medicaid system.

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3402	Authority and Statutory Requirement	
	3402.1	The SHIP/SMP is authorized and governed by the following statutes and regulations:
		A Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508).
		B Omnibus Consolidated Appropriation Act of 1997 (Public Law 104-208).

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3402	Authority and Statutory Requirement (continued)	
	The AAA must ensure that service providers comply with the following:	
	3402.2	A A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3403	Operational Procedures and Responsibilities for Regional SHIP and SMP Project Coordinator Roles	
	3403.1	In administering the SHIP/SMP Project, the Regional SHIP/SMP Coordinator(s) are responsible for the following activities:
		A Provide adequate volunteer counselors throughout the service area to serve an individual's needs.
		B Provide counseling sites throughout the service area to make services easily accessible.
		C Develop and/or maintain two Senior Patrols to provide information about Medicare fraud and abuse.
		D Participate in Centers for Medicare and Medicaid Services (CMS) and AAA education and training opportunities.
		E Comply with the Centers for Medicare and Medicaid Services and the Administration on Aging grant terms and conditions as received by the Division of Aging and Adult Services.
		F Participate in State monthly conference calls for SHIP and SMP.
		G Attend one outside training annually.
		H Meet or exceed the performance measures as mandated by the Centers for Medicare and Medicaid Services and/or the AAA the locally based counseling services to individuals.

3400		State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3403	Operational Procedures and Responsibilities for Regional SHIP and SMP Project Coordinator Roles (continued)			
	3403.1	I	Meet or exceed the performance measures as mandated by the Centers for Medicare and Medicaid Services and/or the AAA the number of outreach events targeting diverse and hard to reach individuals Provide outreach that will include activities that encompass cultural and intergenerational diversity:	
			1	Hold educational presentations on Medicare, Medicaid and other health insurances and fraud, errors and abuses of the system.
			2	Identify needs and provide information in response to written, telephone or walk-in requests.
			3	Expand Internet access to additional local counseling sites.
			4	Expand telephone system capabilities to receive and respond to inquiries.
			5	Expand programs to accommodate for walk-in clients and to meet the needs of individuals with disabilities.
		J	Collect accurate data for needs assessment, program evaluation and reporting:	
			1	Collect and input data on each individual into SHIPTalk.org (see Exhibit 3400M).
			2	Collect and input data on each public and media activity into SHIPTalk.org (see Exhibit 3400B).
			3	Collect and submit data on each individual pertaining to fraud, waste and abuse to the State SMP office (see Exhibit 3400D, E).
			4	Collect and submit data on each public and media activity pertaining to fraud, waste and abuse to the State SMP office (see Exhibit 3400B).
			5	Provide information and documentation on in-kind and non-federal match (see Exhibit 3400C).
			6	Provide other information as requested by the SHIP and SMP Office.
		K	Expand volunteer base:	
			1	The number of counselor full time equivalents.
			2	Provide monthly, a list of volunteers and volunteer hours to the State SHIP.
			3	Assess the need to increase counseling sites based on community needs.
			4	Maintain two SMPs to provide information about Medicare fraud and abuse.
			5	Provide annual recognition of volunteers.

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3403	Operational Procedures and Responsibilities for Regional SHIP and SMP Project Coordinator Roles (continued)	
	3403.2	To provide more immediate resolution to issues and expand resources, the Regional SHIP and SMP Coordinator and/or the Coordinator's staff shall:
		Form local partnerships with entities whose services coincide, as follows:
		1 Social Security Administration.
		2 Arizona Health Care Cost Containment System (AHCCCS).
		3 Adult Protective Services (APS).
		4 Local Medicare Advantage Plans.
		5 Health Services Advisory Group.
		6 Others as determined.
	B	Collaborate with partnerships and networks to hold annual health fairs.
	3403.3	In order to recruit and retain volunteers, the Regional SHIP and SMP Coordinator and/or the Coordinator's staff shall:
		A Provide minimum 30 hours of initial training utilizing the SHIP training manual.
		B Provide a minimum of 10 hours of in-service training per year on related topics.
		C Provide technical assistance to salaried and volunteer staff regarding data input, website searches and other technical resources available as needed.
		D Provide adequate volunteer counselors to serve an individual's needs.
		E Provide counseling sites throughout the service area to make services easily accessible.
		F Develop and/or maintain two SMP counselors to provide counseling and educational information about Medicare fraud and abuse.
		G Provide annual recognition of volunteers.

3400 State Health Insurance Assistance Program (SHIP) And Senior Medicare Patrol Project (SMP)		
3404	Operational Procedures for SHIP and SMP Reporting Requirements	
	3404.1	The AAA shall collect data and maintain records relating to the SHIP and SMP as defined in the Aging and Adult Administration Policy Section 1600.

EXHIBITS	
3400A	Counselor Job Description https://www.azdes.gov/uploadedFiles/DAAS/Exhibit_3000E_DAAS.pdf
3400B	SHIP/SMP Public and Media Activity https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/ship_smp_public_and_media_form.xls
3400C	SHIP/SMP Monthly Report https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/ship_smp_aaa_%20monthly_report_form.xls
3400D	SMP Complex Issue Contact Form https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/smp_complex_issue_form.doc
3400E	SMP Simple Inquiry Form https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/ship_smp_simple_inquiry_form.doc
3400F	AAA-1051A Volunteer Counselor Responsibilities and Obligations https://www.azdes.gov/uploadedFiles/DAAS/Exhibit_3000F_DAAS.pdf
3400G	AAA-1174A SHIP/SMP Volunteer Application https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1174AFORFF.doc
3400H	AAA-1194A SHIP Evaluation https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1194AFORPD.pdf
3400I	AAA-1195A Volunteer Tracking and Management: Volunteer Hours https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1195AFORFF.doc
3400J	AAA-1196A Volunteer Tracking and Management: Add A Volunteer https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1196AFORFF.doc
3400K	AAA-1198A SMP Group Session Post Survey https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1198AFORPD.pdf
3400L	AAA-1198A-S SMP Group Session Post Survey (Spanish) https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1198AFORPDS.pdf
3400M	AAA-1199A SHIP/SMP Client Contact https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1199AFORFF.doc

3500		Legal Services Assistance Program (LSA)
3501	Overview	
	3501.1	This section provides an outline for the Division of Aging and Adult Services operational principles and procedures for the Legal Services Assistance Program. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, AoA.
	3501.2	The Legal Services Assistance Program is the focal point for elder rights including such issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits and dispute resolution. The Legal Services Assistance Program delivers legal services assistance to older individuals.
	3501.3	The Legal Services Assistance Program goals and priorities are as follows:
		A To serve persons most economically and socially in need.
		B To meet the civil legal needs of older individuals in the area.
		C To demonstrate the ability to provide support to other advocacy efforts, for example, the LTC Ombudsman Program.
		D To provide outreach to serve the institutionalized and homebound.
		E To have the capacity to serve clients in their own language.

3500		Legal Services Assistance Program (LSA)
3502	Authority and Statutory Requirement	
	3502.1	The Legal Assistance Program is authorized and governed by the following statutes and regulations:
		A Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, §102, §306, §307. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaas_full.asp http://www.socialsecurity.gov/OP_Home/ssact/title16a/1600.htm
		B Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.67, §1321.69 and §1321.71
	3502.2	The AAA must ensure that service providers comply with the following:

3500 Legal Services Assistance Program (LSA)		
3502	Authority and Statutory Requirement	
	3502.2	<p>A</p> <p>A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141).</p> <p>See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.</p>

3500 Legal Services Assistance Program (LSA)		
3503	Operational Procedures	
	3503.1	The Division of Aging and Adult Services, through its contracts with the AAA shall provide the Legal Services Assistance Program.
	3503.2	The AAA must ensure that Title III funds as approved in the State Plan allotted for Part B to the Planning and Service Area shall be expended for the delivery of legal services assistance.
	3503.3	The AAA shall ensure that the entity with whom they have contracted delivers legal services assistance that most fully meet the following standards:
		Have staff with expertise in the specific areas of law effecting older individuals, such as but not limited to:
		1 Economic and social need including public benefits.
		2 Estate planning.
		3 Wills and trusts.
		4 Guardianship/conservator-ship.
		5 Health law including quality of care, living will, medical and general durable power of attorney.
		6 Pensions.
		7 Remedies for abuse, neglect and exploitation.
		8 Consumer.
		9 Landlord/tenant.
		10 Probate.

3500 Legal Services Assistance Program (LSA)			
3503	Operational Procedures (continued)		
	5303.3	A	11 Age discrimination in employment.
		B	Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older individuals with economic and social needs.
		C	Demonstrate the capacity to deliver legal services assistance to institutionalized, isolated and homebound, older individuals.
		D	Demonstrate the capacity to provide legal services assistance in the principal language used by the client in the area, or to acquire certified interpreters in order to eliminate communication barriers. This includes sign language and oral interpreters for deaf and hard-of-hearing elderly, as required by the Americans with Disabilities Act.
		E	Demonstrate the capacity to provide services without requesting evidence of income or means test for services.
		F	Demonstrate the capacity to provide the client with the opportunity to contribute voluntarily to the cost of services.
		G	Provide services within the entire planning and service area or at least a county within the planning and service area.
	3503.4	The AAA, or entity that such agency has contracted with, must comply with the following requirements:	
		A	Establish priorities to serve persons age sixty or over who are frail, homebound by reason of illness, incapacity, disability, or are otherwise isolated, as established in the Area Plan on Aging.
		B	Establish guidelines to prevent conflict of interest by other interference in professional responsibilities by attorneys providing services under the provisions of the Older Americans Act.
		C	Establish guidelines stating that no fee generating case is accepted.
		D	Establish procedures prohibiting any attorney while engaged in legal assistance funded by the Older Americans Act from engaging in any political activity.
		E	Establish procedures that ensure that no Older Americans Act funds will be used for lobbying activities, including but not limited to, influencing any decision or activity by a non-judicial Federal, State or Local individual or body.
		F	Establish a system to permit older persons the opportunity to contribute voluntarily to the cost of service, to protect the privacy of older persons with regard to their contribution and to account for and use the contributions to expand the delivery of legal services.

3500		Legal Services Assistance Program (LSA)	
3503	Operational Procedures (continued)		
	3503.4	G	Establish and use case priorities for services to include areas of concern for older persons such as abuse, neglect and exploitation, quality of health care, or residential care, long term care, home and community based care, access to services and public benefits, guardian/conservator, Social Security, SSI, Medicare, Medicaid, landlord/tenant and client referrals to the LTC Ombudsman Program or Adult Protective Services.
		H	Establish procedures to ensure that when the provider has contracts to provide legal assistance funded by funds other than the Older Americans Act that efforts be maintained to continue to meet service obligations to an individual sixty years of age or older under other funding sources.
		I	Serve clients whose primary language is not English as described in section 3503.3.D.
		J	Provide outreach to serve homebound or institutionalized persons.
		K	Accept case referrals from the LTC Ombudsman and APS for legal assistance.
		L	Maintain professional liability insurance coverage to cover errors and omissions by staff and management. The State will be named as a co-beneficiary on the policy.
		M	Establish an efficient intake system that is responsive to the needs of older individuals.
		N	Establish and enforce standards for staff training, performance and review to ensure that quality legal assistance is provided within the Canons of Ethics of the Bar Association.
		O	Establish a client grievance system that shall be either posted or given to the client.
		P	Make appropriate referrals to service providers in the service area to ensure the provision of coordinated services.
		Q	Provide sufficient documentation for program evaluation that does not violate client confidentiality or attorney client privilege.
		R	Provide that offices are accessible for persons with mobility handicaps and that guidelines are followed regarding physical and program access under the Americans with Disabilities Act.
		3503.5	The AAA is required to monitor annually the entity that such agency has contracted with using a monitoring document approved by the Division of Aging and Adult Services, which will review the AAA monitoring reports during an annual assessment.

3500 Legal Services Assistance Program (LSA)		
3504	Operational Procedures for Reporting	
	3504.1	The AAA shall collect data and maintain records relating to the Legal Service Assistance Program as defined in the Division of Aging and Adult Services Policy Section 1600.

3600 Family Caregiver Support Program (FCSP)		
3601	Overview	
	3601.1	This section provides an outline of the Division of Aging and Adult Services operational principles and procedures for the FCSP. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.
	3601.2	The FCSP is intended to provide a multifaceted system of support services for family caregivers, as defined in section 3603.1 and for grandparents or older individuals who are relative caregivers. For caregivers who informally provide care to older individuals, the program will help sustain their efforts to care for older individuals who have a chronic illness or disability and will promote the ability of older individuals to remain in their homes and local communities instead of being placed in residential facilities. For grandparents and relative caregivers of children, the program will promote retention of these children in a nurturing family environment instead of placement in foster care.
	3601.3	The FCSP consists of five core caregiver support services, including information to caregivers about available services, assistance gaining access to those services, individual counseling, support groups, caregiver training, respite care and supplemental services (on a limited basis) to complement the care provided by caregivers.

3600 Family Caregiver Support Program (FCSP)		
3602	Authority and Statutory Requirement	
	3602.1	The FCSP is authorized and governed by the following statutes and regulations:
		A Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, National Family Caregiver Support Act, Subpart 1, Caregiver Support Program, §371-374; http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
		B Code of Federal Regulations, as updated in 2008, CFR-Title 45, Part 1321; and http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr1321_main_02.tpl
		C Arizona Revised Statutes, Article 7, §46-181, §46-182 and Article 8, §46-191, §46-192 and §46-193. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46

3600 Family Caregiver Support Program (FCSP)		
3602	Authority and Statutory Requirement (continued)	
	3602.2	The AAA must ensure that service providers comply with the following:
		A A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services/ Optional Auto /Children-Vulnerable Adult/Bonding AAA, section 5.

3600 Family Caregiver Support Program (FCSP)		
3603	Operational Procedures – Program Eligibility and Priority	
	3603.1	FCSP shall be provided to the following:
		A Family caregivers defined as adult family members, or another individual, who is an informal provider of in-home and community care to an older individual or any individual with Alzheimer's Disease or a related neurological disorder.
		Grandparents or older individuals who are relative caregivers defined as a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older:
		B
		1 Lives with the child who is not more than 18 years of age or who is an adult child between 19 and 59 years of age with a disability. In the situation when it is an adult child with a disability, the caregiver cannot be the parent.
	3603.2	2 Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the minor child.
		3 Has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.
		Priority shall be given to family caregivers and to grandparents or older individuals who are relative caregivers, who are caring for an older individual or eligible child and who are in greatest social and economic need (with particular attention to low-income an older individual), those residing in a rural or geographically isolated area and to older individuals providing care to individuals with severe disabilities.
	3603.2	A When providing services to family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, priority shall also be given to caregivers who provide care for older individuals with such disease or disorder.
		B When providing services to grandparents or older individuals who are relative caregivers, priority shall also be given to caregivers who provide care for children with severe disabilities.

3600		Family Caregiver Support Program (FCSP)		
3604	Operational Procedures – Program Services			
	3604.1	Each AAA shall maintain a system of caregiver support services for family caregivers and for grandparents of older individuals who are relative caregivers. It is the intent of the Division of Aging and Adult Services that a caregiver system shall be multifaceted and include funding and/or program development for all services identified in 3604.2 and those services will be provided to all groups identified in 3603.1, in accordance with the priorities identified in 3603.2.		
	3604.2	Funds allocated under FCSP for services provided by an AAA, or entity that such agency has contracted with, shall be expended as follows:		
		A	Information to caregivers about available services. Examples include outreach and community education and information.	
		B	Assistance to caregivers in gaining access to the services. Examples include intake and information and referral (assistance).	
		C	Individual counseling, organization of support groups and caregiver training to caregivers to assist the caregivers in the areas of health, nutrition and financial literacy and in making decisions and solving problems relating to their caregiving roles. Examples include case management, supportive intervention/guidance counseling, peer counseling and caregiver training.	
		D	Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. Examples include in-home respite, group respite and adult day care/adult day health care. Temporarily means not more than an average of 60 hours per month for adult day care or group respite and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than three consecutive days and nights. Documentation must be provided in advance to justify service delivery in excess of these hour and/or day limitations.	
		E	Supplemental services on a limited basis, to complement the care provided by caregivers. Examples include home repair/renovation, adaptive aids and devices, transportation, kinship care support and supplemental provisions. On-going direct payments to caregivers shall not be allowed in the Family Caregiver Support Program. Limited basis means the following lifetime dollar thresholds:	
			1	A \$5,000 cap per client/home for the Home Repair/Renovation.
			2	A \$3,000 cap per client for Adaptive Aids and Devices.
			3	A \$2,000 cap per client for Supplemental Provisions.
	4		A \$7,500 cap per client for Kinship Care Support.	
	5	Documentation must be provided in advance to justify situations in excess of these dollar threshold limitations.		
	3604.3	Individuals must meet the eligibility requirements described in section 3603 and any additional eligibility criteria for specific program services, as described below:		

3600		Family Caregiver Support Program (FCSP)		
3604	Operational Procedures – Program Services (continued)			
	3604.3	A	Services specified in 3604.2 (D) and (E) shall only be provided to a family caregiver who is providing care to an older individual who has been determined unable to perform at least <u>two</u> ADLs without substantial human assistance, including verbal reminding, physical cueing, or supervision, using assessment instruments as defined in Section 3120. IADLs cannot be substituted for ADLs.	
		B	Functional screening of the care recipient is not required for grandparents, or an older individual who is a relative caregiver to a child under 19, to receive these services.	
		C	Services specified in 3604.2.D shall only be provided to a family caregiver who is assessed to be at moderate or high risk as determined by an assessment tool designated by the Division of Aging and Adult Services. This assessment can be done as part of a regularly scheduled client assessment or can be done over the telephone.	
		D	For additional information on Case Management, refer to Policy and Procedure Manual Section 3120 - Case Management for the NMHCBS System.	
	3604.4	In accordance with ARS Article 1, §501-502, the Kinship Care Support Services identified in 3604.2 (E) shall only be provided to eligible grandparents who are citizens of the United States, or are legal residents of the United States, or are otherwise lawfully present in the United States. All grandparents authorized to receive this service must provide documentation of their lawful presence in the United States through a verification process detailed in the Division of Aging and Adult Services Policy Exhibit 3000P, Instructions for Verifying Citizenship and Non-Citizen Legal Permanent Resident (LPR) Status.		
		A	Any eligible grandparent must also execute a sworn affidavit stating that the documentation provided during the verification process described in 3603.7 to prove citizenship or LPR status is true.	
			1	Eligible grandparents are exempted from providing an affidavit only if they are 60 years old or older, if they are tribal members, or if they are disabled or have an incapacity of body or mind that make them unable to supply such affirmation.
			2	The Division of Aging and Adult Services Policy Exhibit 3000Q includes DES forms 1055AFORFF (English) and 1055AFORFFS (Spanish), which are sample affidavits that can be used to satisfy the requirement detailed in 3603.7.
	B	Employees of the state or a political subdivision of the state are required by ARS Article 1, §502 to report discovered violations of federal immigration law. Contractors will establish their own process for reporting discovered violations to U.S. Immigration and Customs Enforcement (ICE). There is no definition of “discovered violation”. The general guideline for identifying a “discovered violation” could include self-declaration of illegal status or receipt of documentation from ICE that the individual is in violation of immigration law. Failing to complete an application does not, in itself, indicate that the person is not in the country legally.		

3600		Family Caregiver Support Program (FCSP)		
3604	Operational Procedures – Program Services (continued)			
	3604.4	B	1	If a DES employee discovers a violation of federal immigration law during a citizenship verification process, said employee shall follow policy and procedure as described in DES Policy 1-01-40, Procedure number DES 1-01-40-01.
			2	Contractors of the Division of Aging and Adult Services that are government entities (i.e. a Council of Governments, or COG) are bound by 3604.5.B and must have a reporting process in place to report violations of federal immigration law discovered during the citizenship verification process.
			3	If a contractor of the Division of Aging and Adult Services is a private non-profit organization, said contractor may decide if and how they will report discovered violations of federal immigration law. Any contractor classified as a non-profit charitable organization must notify DES, if discovered federal immigration violations will not be reported to ICE.
			4	Contractors should consult with their attorney or ICE for further guidance related to the responsibility of sub-contractors to report discovered violations federal immigration law.
	3604.5	The AAA, or entity that such agency has contracted with, shall ensure the provision of the full range of caregiver support services in the community by coordinating its activities with the activities of other community agencies and voluntary organizations providing supportive services to family caregivers and grandparents or an older individual who is a relative caregiver of children.		

3600			Family Caregiver Support Program (FCSP)	
3605	Operational Procedures – Program Funding			
	3605.1	The AAA may use not more than twenty percent of the Title III-E funds allocated under FCSP to provide the supplemental services described in 3604.2.E.		
	3605.2	The AAA may use not more than ten percent of the Title III-E funds allocated under the FCSP to provide support services to grandparents and an older individual who is a relative caregiver. This limit does not apply to services provided to grandparents and other relative caregivers providing care to an adult child with a disability or a severe disability.		

3600 Family Caregiver Support Program (FCSP)		
3606	Operational Procedures - Reporting Requirements	
	3606.1	The AAA shall collect data and maintain records relating to the FCSP as defined in the Division of Aging and Adult Services Policy Section 1600.

3700 Long Term Care (LTC) Ombudsman Program		
3701	Overview	
	3701.1	This section provides an outline of the Division of Aging and Adult Services operational policies and procedures for the LTC Ombudsman Program. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, AoA.
	3701.2	The Division of Aging and Adult Services through its contracts with the AAA shall develop, monitor and enforce policies and procedures governing the LTC Ombudsman Program. LTC Ombudsman Program services may be provided by contract with a regional public agency or a nonprofit organization.
	3701.3	The LTC Ombudsman Program exists to protect the human and civil rights of a LTC resident and to promote his/her autonomy through individual and collective advocacy efforts to enhance his/her quality of life in long term care settings. The LTC Ombudsman Program is a resident centered advocacy program. The program will make every reasonable effort to assist, represent and intervene on behalf of the resident.

3700 Long Term Care (LTC) Ombudsman Program		
3702	Authority and Statutory Requirement	
	3702.1	The LTC Ombudsman Services Program is authorized and governed by the following statutes and regulations:
		A Older Americans Act of 1965 (as amended in 2006) P.L. 106-501, §307(9), §711-13. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
		B A.R.S. 46-452.01 and A.R.S. 46-452.02. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46
		C Division of Aging and Adult Services LTC Ombudsman Manual 2009. https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1188AMANNA.pdf
		D LTC Ombudsman Volunteer Manual 2009. https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1189AMANNA.pdf

3700 Long Term Care (LTC) Ombudsman Program		
3702	Authority and Statutory Requirement	
	3702.2	The AAA must ensure that providers comply with the following:
		A A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141) See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services/ Optional Auto /Children-Vulnerable Adult/Bonding AAA, section 5.

3700 Long Term Care (LTC) Ombudsman Program		
3703	Operational Procedures for Ombudsman Services	
	3703.1	The LTC Ombudsman Program offers the following services:
		A Information and referral.
		B Community education.
		C In-Service education to facility staff.
		D Issues advocacy.
	3703.2	Provide complaint resolution process which assures the acceptance within 24-48 hours, following up with recording, investigation and resolution of complaints made by, or on behalf of, residents of LTC facilities. Immediate crises complaints acceptance will be within 24 working hours.
	3703.3	Follow established quarterly visitation schedules to include all LTC facilities within the AAA region.
	3703.4	Promote resident and family councils within LTC facilities.
	3703.5	Make appropriate referrals of problems to other appropriate governmental or community agencies and/or the Office of the State Long Term Care Ombudsman (OSLTCO), when necessary.
	3703.6	Assist residents in identifying their rights and interests under state and federal law and obtaining the rights and services to which they are entitled. Investigate complaints, which will include, but not limited to, complaints related to action, inaction, or decisions of individuals or organizations, which may adversely affect the health, safety, welfare, or rights of the resident. Those individuals or organizations include, but are not limited to the following:
		A Providers of LTC services and staff of their facilities.

3700 Long Term Care (LTC) Ombudsman Program		
3703	Operational Procedures for Ombudsman Services	
	3703.6	B Representative of the above providers.
		C Public agencies.
		D Social services agencies.
		E Government agencies.
	3703.7	Provide specific information to residents/individuals on their rights and available services. Respond to the need for services identified by the resident/individual.
	3703.8	Identify appropriate contractors of services and existing resources. Refer residents/individuals to appropriate resources. Monitor referrals to ensure service delivery.
	3703.9	Assist residents/individuals in removing barriers, which prevent them from meeting identified needs. Identify barrier, including language and cultural to access needed services.
	3703.10	Provide follow-up and coordination procedures to ensure the timeliness and the quality of service delivery or resolution of issues. Initiate and utilize standardized follow-up procedures. Follow established procedures for recording client contacts, accepting individual complaints and concerns and addressing these problems.
	3703.11	Maintain and advertise a phone number for use by complainants. Follow procedures for handling urgent requests from the complainants and the OSLTCO.
	3703.12	Promote and provide information, technical assistance and education to ensure that the program is visible in long term care facilities and communities throughout the region. Provide education and training to citizen's groups, general public, local volunteer groups and human service workers. LTC facility staff and others involved in the LTC industry, concerning resident's rights and issues and how these need to be addressed.
	3703.13	The LTC Ombudsman Program has developed the following inter-agency partnerships and continues to network with related programs to provide more immediate resolution to issues and expand resources:
		A Arizona Department of Health Services (DHS).
		B Arizona Adult Protective Services (APS).

3700		Long Term Care (LTC) Ombudsman Program	
3704	Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator Roles		
	3704.1	The Regional Ombudsman Program Coordinator will be limited in geographic scope to the area specified in the approved plan for the contracted service provider.	
	3704.2	In administering the Regional LTC Ombudsman Program, the Regional Ombudsman Program Coordinator(s) is (are) responsible for the following activities:	
		A	Recruiting, screening, selecting, training, certification training, testing, managing and providing technical support to staff and/or volunteers. Sending completed copies of the required Division of Aging and Adult Services Training Record forms to the State LTC Ombudsman office for designation (see Exhibit 3700H).
		B	Ensuring that all designated Ombudsmen follow policy, rules and laws of the program and provide re-certification training. Sending completed copies of the Division of Aging and Adult Services Training Record forms to the State LTC Ombudsman office for re-designation (see Exhibit 3700H).
		C	Ensuring that staff and volunteers remain eligible for re-designation.
		D	Representing the interests of residents before government agencies.
		E	Seeking legal, administrative and other remedies on behalf of residents.
		F	Analyzing, commenting on and monitoring the development of laws, regulations, policy and actions pertaining to LTC residents.
		G	Supporting the development of resident and family councils.
		H	Providing information, consultation and education to the residents, families, LTC facility staff and to the community.
		I	Making referrals to other governmental and/or community agencies as appropriate.
		J	Reporting program issues directly to the Office of the State LTC Ombudsman.
		K	Reviewing monthly reports and responding in a timely fashion to requests for data and other information as requested by the Office of the State LTC Ombudsman. Submitting monthly Division of Aging and Adult Services data collection NORS data base reports prior to or by the due date of the 20th of the following month.
	L	Participating in scheduled conference calls and quarterly meetings with the Office of the State LTC Ombudsman.	
	3704.3	The Regional Ombudsman Program Coordinator may delegate the following responsibilities to designated staff and/or designated volunteers:	
		A	Receiving, investigating and resolving complaints.
		B	Representing the interests of residents before government agencies.

3700 Long Term Care (LTC) Ombudsman Program		
3704	Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator Roles	
	3704.3	C Seeking legal, administrative and other remedies on behalf of residents.
		D Analyzing, commenting on and monitoring the development of laws, regulations, policy and actions pertaining to LTC residents.
		E Supporting the development of resident and family councils.
		F Providing information, consultation and education to the residents, families, LTC facility staff and to the community.
		G Making referrals to other governmental and/or community agencies as appropriate.

3700 Long Term Care (LTC) Ombudsman Program		
3705	LTCO Operational Procedures for Screening for Conflict of Interest	
	3705.1	An individual who serves as a representative, or seeks to serve as a representative of the Office of the State LTC Ombudsman shall sign a Division of Aging and Adult Services Conflict of Interest Statement form (Exhibit 3000D). A copy of the form will be kept on file at the Office of the State LTC Ombudsman. An individual who serves as a representative of the Office of the State LTC Ombudsman shall review and sign a new Conflict of Interest Statement form every three years or if a change in status occurs.
	3705.2	Conflict of interest occurs when an individual or a member of the individual's immediate family:
		A Has direct involvement in licensing and/or certifying long term care facilities.
		B Is a provider of LTC services.
		C Has ownership or investment interest in a LTC facility.
		D Has ownership or investment interest in a LTC service.
		E Is employed by and/or manages a LTC facility.
		F Receives or has the right to receive, either directly or indirectly, remuneration with an owner or operator of a long term care facility.
		G Has a designation/responsibility within the AAA to other programs which limits their ability to discharge their duties, services and provisions of the Ombudsman Program to the residents of long term care settings.
		H Is employed at the same time by another employer in a position which conflicts with the duties, services and provisions of the LTC Ombudsman Program.

3700 Long Term Care (LTC) Ombudsman Program		
3705	LTCO Operational Procedures for Screening for Conflict of Interest	
	3705.2	I Has the potential to undermine the impartiality of the LTC Ombudsman because of the possibility of a clash between the Ombudsman's self-interest, professional interest or public interest while providing services to residents of LTC settings.
	3705.3	Regional Program Coordinators will report any identified conflict of interest to the Office of the State LTC Ombudsman.
	3705.4	The Office of the State LTC Ombudsman will review the conflict of interest to determine if a waiver can be given.
		A Waivers will be determined on a case-by-case basis.
		B Written responses will be provided to the Regional Ombudsman Program Coordinator within 30 days of receipt of the request.

3700 Long Term Care (LTC) Ombudsman Program		
3706	Operational Procedures for the Maintenance of Ombudsman Information	
	3706.1	The Office of the State LTC Ombudsman and any individual designated to act on behalf of the Office of the State LTC Ombudsman shall not disclose any information with respect to whom the program maintains files on. This includes:
		A Information pertaining to the resident, complainant and ombudsman intervention.
		B Information pertaining to deposition of staff and volunteers by the Ombudsman.
	3706.2	Persons requesting information are to be informed that the name of a resident or a complainant with whom the program has had intervention is confidential information and can be revealed only under the following circumstances:
		A The complainant, resident and/or legal representative gives consent to the disclosure in writing.
		B The complainant, resident and/or legal representative gives oral consent and the consent is documented in writing on the Division of Aging and Adult Services Case Notes form (see Exhibit 3700B).
		C The disclosure is required by court order.
	3706.3	Residents, complainants and/or legal representatives may be asked to complete the Division of Aging and Adult Services Authorization for Release of Confidential Information and Representation form prior to the Ombudsman disclosing identity (see Exhibit 3700A).

3700 Long Term Care (LTC) Ombudsman Program		
3706	Operational Procedures for the Maintenance of Ombudsman Information	
	3706.4	Ombudsmen will document the resident's, complainant's and/or legal representative's oral consent on the Division of Aging and Adult Services Case Notes form (see Exhibit 3700B).
	3706.5	Subpoenas received by the Regional Ombudsman Program shall be faxed to the Office of the State LTC Ombudsman within 24 hours of receipt by the Regional Ombudsman Program Coordinator. Send original document to the Office of the State LTC Ombudsman.
		A Home Health Aid and Home Nursing.
		B The Office of the State LTC Ombudsman will upon receipt of the subpoena forward it to the Office of the Attorney General State of Arizona, Child & Family Protection Unit within 24 hours for processing.
	3706.6	Court orders received by Regional Ombudsman representatives shall be faxed to the Office of the State LTC Ombudsman within 24 hours of receipt. The original document shall be sent to the Office of the State LTC Ombudsman. The Office of the State LTC Ombudsman will contact the Office of the Attorney General State of Arizona, Child & Family Protection Unit regarding the processing of the court order.

3700 Long Term Care (LTC) Ombudsman Program		
3707	Operational Procedures for Ombudsman Legal Representation & Liability	
	3707.1	The official duties as specified in the Arizona Revised Statute and the Older Americans Act of 1965, when performed in good faith , are considered State conduct or action. Official duties are as defined in the Older Americans Act of 1965, as amended in 2000, §712 (a) (5) (A) and (B). Official duties are also those as defined in ARS § 46-452.02.B.
	3707.2	Designated LTC Ombudsmen of the Office of the State LTC Ombudsman performing actions of official duties of their position are provided State legal representation.
	3707.3	Designated LTC Ombudsmen performing action outside of the official duties specified will be interpreted as performing unauthorized action.
	3707.4	Designated LTC Ombudsmen performing unauthorized action are not provided State legal representation and may be open to personal liability.
	3707.5	Designated LTC Ombudsmen performing unauthorized action may be subject to De-designation as described in section 3711.

3700 Long Term Care (LTC) Ombudsman Program	
3708	Operational Procedures for Ombudsman Certification
	3708.1 The Regional Ombudsman Program Coordinator will conduct an interview of an individual applying to be considered for certification as an LTC Ombudsman/ LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman. During this interview, the individual is informed of the Ombudsman Program role and its requirements. An individual applying to be a LTC Volunteer Ombudsman will be required to complete a DES application (see Exhibit 3700I & 3700G).
	Certification will occur when the applicant has met the following requirements:
	A Complete required State and AAA paperwork. In addition LTC Volunteer Ombudsmen will complete the Division of Aging and Adult Services Volunteer Commitment form (see Exhibit 3700J).
	B Be free of conflict of interest as demonstrated in signing the Conflict of Interest Statement form (see Exhibit 3700D).
	C Have demonstrated that he/she is free of infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility.
	D Complete a fingerprint criminal history background check as defined by ARS 46-141(A & I), Criminal Record Information Checks and have successfully passed a criminal history background check and pass the criteria for acceptance every 3 years at a minimum. This applies to each prospective LTC Ombudsman, LTC Volunteer Ombudsman and current regional and Volunteer Ombudsmen.
	3708.2 E Have completed the training and testing described in section 3709 as evidenced by completion of the Division of Aging and Adult Services Ombudsman Certification Checklist (see Exhibit 3700C) and Training Record (see Exhibit 3700H).
	3708.3 The Regional LTC Ombudsman Program Coordinator shall submit copies of the documentation defined in sections 3708.1 and 3708.2 to the Office of the State LTC Ombudsman stating that all certification requirements have been met by the applicant.
	3708.4 When all certification requirements have been met, the Office of the State LTC Ombudsman will designate the applicant as an Ombudsman/Ombudsman Volunteer of the Office of the State LTC Ombudsman.
	3708.5 The Office of the State LTC Ombudsman will issue by mail a State of Arizona photo identification badge to the Regional Ombudsman Program. This badge is to be carried when the Ombudsman is acting as a representative of the Office of the State LTC Care Ombudsman.

3700		Long Term Care (LTC) Ombudsman Program
3709	Operational Procedures for Ombudsman Training	
	3709.1	The Office of the State LTC Ombudsman (OSLTCO) will develop and keep current a uniform core training curriculum and testing based on model standards as established by the National Ombudsman Resource Center and as supported by the Administration on Aging. The Office of the State LTC Ombudsman and the Regional Ombudsman Program Coordinator shall work together to provide the core training and testing to the applicant. The minimum 16-hour core curriculum shall consist of the following content:
		A LTC Ombudsman Program Responsibility.
		B History and Roles of the Program.
		C Ethics.
		D Gerontology/Aging Process; Common Illnesses and Conditions.
		E Mental Illness, Dementia, Substance Abuse Problems.
		F Developmental and Physical Disabilities.
		G LTC System.
		H Legal Systems.
		I Regulatory Requirements of LTC Settings.
		J Resident Rights.
		K Communication.
		L Techniques of Complaint Process/Investigation.
		M Federal and State applicable Laws and Regulations.
		N Problem Solving and Resolution.
		O Medicare and Medicaid.
		P Confidentiality of Records.
		Q Resident Records.
		R Community Resources.
		S Documentation.
		T NORS Data Reporting / DES LTC Ombudsman Data Base.
		U Volunteerism – applies only to Regional Ombudsman Coordinators.
		V Maintaining Ombudsman Records – applies only to Regional Ombudsman Coordinators.

3700 Long Term Care (LTC) Ombudsman Program		
3709	Operational Procedures for Ombudsman Training (continued)	
	3709.2	Initial certification training and testing of Regional Ombudsman Coordinators will be provided by the OSLTCO.
	3709.3	Initial certification training and testing of Regional LTC Ombudsmen and LTC Volunteers will be provided by Regional LTC Ombudsmen Coordinators or their designee with the OSLTCO providing the designation.
	3709.4	The Regional LTC Ombudsman Coordinators will also provide a minimum of four hours of field training to the applicant.
	3709.5	Regional LTC Ombudsman Coordinators will use the Division of Aging and Adult Services Ombudsman Certification Checklist (see Exhibit 3700C) and Training Record (see Exhibit 3700H) of core training participation for each individual applicant. This record is to be placed in the Ombudsman's personnel file along with testing results and copies sent to the Office of the State LTC Ombudsman for designation (See Exhibit 3700K).
	3709.6	Regional Ombudsman Coordinators will receive the training identified in 3709.1 and 3709.2 from the Office of the State LTC Ombudsman.

3700 Long Term Care (LTC) Ombudsman Program		
3710	Operational Procedures for Ombudsman Training (continued)	
	3710.1	In order to maintain the 12 consecutive month designation and re-designation, from the Office of the State LTC Ombudsman, LTC Ombudsmen/LTC Volunteers shall:
		A Remain free of conflict of interest, the Conflict of Interest Statement (see Exhibit 3700D) shall be reviewed and signed every three years or earlier if a change of status occurs.
		B Complete annual Tuberculin (TB) screening or a written statement dated 12 months after the initial date of testing by physician, physician assistant or nurse practitioner that the staff is free of tuberculosis as described in section 3711.
		C Complete initial Core Training and testing for designation according to training procedures 3709.
		D All LTC Ombudsmen/LTC Volunteers shall complete a refresher training of Older Americans Act every three years.
		E For re-certification all LTC Ombudsmen/LTC Volunteers shall complete eight hours of annual in-service each year. This training will be provided by Regional LTC Ombudsmen Coordinators. Submit all re-certification paperwork to the OSLTCO for re-designation.

3700 Long Term Care (LTC) Ombudsman Program		
3710	Operational Procedures for Ombudsman Training (continued)	
	3710.1	F Regional LTC Ombudsman Program Coordinators shall complete an additional 4 hours of in-service training annually. OSLTCO will provide re-certification training and re-designation to Regional Ombudsmen Coordinators.
		G Remain in compliance with State law, Federal law and State and local policy and procedure and Ombudsman Program Rules.
		H Continue to demonstrate the ability to carry out the duties of the office.
	3710.1	I Regional LTC Ombudsmen Program Coordinators/Regional LTC Ombudsmen shall attend at least one outside training each year to increase knowledge and networking capabilities. Submit to the OSLTCO copies of all documents/certificates for outside training completion.
		J Follow the State LTC Ombudsman criteria and written procedures for certification, re-certification.
		K Copies of the completed Division of Aging and Adult Services Ombudsman Certification Checklist (see Exhibit 3700C) and Training Record (see Exhibit 3700H) and any outside training certificates are to be sent to the Office of the State LTC Ombudsman for designation of Ombudsmen/Volunteers.
	3710.2	Regional LTC Ombudsman Program Coordinators and the Office of the State LTC Ombudsman shall work together to provide opportunities to meet the required eight hours of annual in-service training for Ombudsmen/Volunteers.
	3710.3	Regional LTC Ombudsman Program Coordinators shall advise the Office of the State LTC Ombudsman that all re-designation requirements have been met by the LTC Ombudsmen. The Regional LTC Ombudsman Program Coordinators shall submit copies of the completed Division of Aging and Adult Services Ombudsman Certification Checklist (see Exhibit 3700C) and Training Record (see Exhibit 3700H) documentation as defined in section 3710 to the Office of the State LTC Ombudsman.

3700 Long Term Care (LTC) Ombudsman Program		
3711	Operational Procedures for Ombudsman De-designation	
	3711.1	The Regional LTC Ombudsman Coordinator and/or the sponsoring agency may recommend de-designation of an LTC Ombudsman/ LTC Ombudsman Volunteer to the Office of the State LTC Ombudsman as described in 3711.3. De-certification of an LTC Ombudsman/LTC Volunteer Ombudsman may also occur voluntarily, should the LTC Ombudsman/LTC Volunteer Ombudsman request to resign from the program.
	3711.2	No LTC Ombudsman/ LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman shall be de-designated without cause. Actions that may result in de-designation include the following, but are not limited to:

3700 Long Term Care (LTC) Ombudsman Program		
3711	Operational Procedures for Ombudsman De-designation (continued)	
	3711.2	A Failure of the individual to meet and/or maintain the criteria for certification.
		B Deliberate failure of the individual to disclose any conflict of interest or the existence of an un-remedied conflict of interest.
		C Violation of confidentiality requirements.
		D Failure to provide adequate and appropriate services to LTC residents.
		E Falsification of records.
		F Failure to act in accordance with applicable federal and state laws, rules, regulations and policies.
	3711.3	The Regional Ombudsman Coordinator will submit a written recommendation with documentation to the Office of the State LTC Ombudsman.
	3711.4	When documentation is provided, the Office of the State LTC Ombudsman will review the recommendation and de-designate as appropriate. The Office of the State LTC Ombudsman will consult with the relevant Regional Ombudsman Coordinator and/or the sponsoring agency to consider remedial actions that may prevent de-certification.
	3711.5	If an attempt at remedial action is unsuccessful and cause still exists, the Regional LTC Ombudsman Coordinator shall provide written documentation of the results of the remedial actions and request de-designation. The Office of the State LTC Ombudsman will provide written notice to inform the de-designated LTC Ombudsman/LTC Volunteer Ombudsman that cause has been established and set forth the effective date of the de-designation.
	3711.6	If the de-designation of an LTC Ombudsman/LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman results in the absence of ombudsman services in a service area, the Office of the State LTC Ombudsman and Regional LTC Ombudsman Coordinator and/or the sponsoring agency shall arrange for the provision of ombudsman services until the decertified LTC Ombudsman/LTC Volunteer Ombudsman is replaced.
	3711.7	The Regional LTC Ombudsman Coordinator and/or sponsoring agency must ensure that a de-designated representative abides by the following:
		A Surrender the State of Arizona Ombudsman photo identification badge immediately to the Regional LTC Ombudsman Coordinator and/or sponsoring agency. The Regional LTC Ombudsman Coordinator and/or sponsoring agency shall return the surrendered badge to the Office of the State LTC Ombudsman.
		B Cease to identify himself/herself as an LTC Ombudsman of the Office of the State LTC Ombudsman.
		C Maintain confidentiality regarding events witnessed and/or experienced while performing duties as a LTC Ombudsman of the Office of the State LTC Ombudsman.

3700 Long Term Care (LTC) Ombudsman Program		
3711	Operational Procedures for Ombudsman De-designation	
	3711.8	The Office of the State LTC Ombudsman will have the authority of de-designation of a Regional LTC Ombudsman/LTC Volunteer Ombudsman when good cause has been determined and the sponsoring agency has been unable to remedy the situation and de-designate.

3700 Long Term Care (LTC) Ombudsman Program		
3712	Operational Procedures for the LTC Program Reporting Requirements	
	3712.1	The AAA shall collect data and maintain records relating to the LTC Ombudsman Program as defined in the Aging and Adult Administration Policy Section 1600.
	3712.2	Utilize all forms as provided and any other forms specified by the OSLTCO such as form letters, release of information & representation, applications, case notes, data case forms, data base entry forms, documentation, training forms, reference check and volunteer forms.
	3712.3	Collect accurate data for needs assessment, program evaluation and reporting. Complete monthly data collection reports (see Exhibit 3700E). These reports shall include inputting information on each ombudsman case (see Exhibit 3700F) into the web-based LTC Ombudsman system on the Complaint Case screen no later than the end of the month in which the case was closed. Input information from the monthly data collection report of ombudsman activities into the web-based LTC Ombudsman roll-up report screen prior to but no later than the 20th of the following month. Maintain compliance with the National Ombudsman Reporting System and Arizona State reporting requirements to collect and analyze data relating to complaints and conditions in long term care facilities for the purpose of identifying and resolving problems by providing data to the OSLTCO Provide other reports as required by the OSLTCO.

EXHIBITS

3700A	Authorization for Release of Confidential Information and Representation https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1054AFORNA.pdf
3700B	Case Notes https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1064AFORFF.DOC
3700C	Ombudsman Certification Checklist https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1184AFORFF.doc
3700D	Conflict of Interest Statement https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1059AFORNA.pdf
3700E	Monthly Data Collection Report https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1048AFORFF.doc
3700F	Ombudsman Case https://www.azdes.gov/InternetFiles/IntranetProgrammaticForms/doc/AAA-1163AFORFF.doc
3700G	Volunteer Reference Check https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1179AFORNA.doc
3700H	Training Record https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1178AFORFF.DOC
3700I	Volunteer Application https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1180AFORFF.doc
3700J	Volunteer Commitment https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1050AFORNA.pdf
3700K	Volunteer Performance Evaluation https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1204AFORFF.doc

3900			Discretionary Grants	
3901	Overview			
	3901.1	This section provides an outline of the Division of Aging and Adult Services policies and procedures for Discretionary Grants. This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.		
	3901.2	Discretionary Grants are awarded to the Division of Aging and Adult Services from various sources, including, but not limited to the following:		
		A	U.S. Department of Health and Human Services, Administration on Aging.	

3900				Discretionary Grants	
3901	Overview				
	3901.2	B	U.S. Department of Health and Human Services, Administration for Children and Families.		
		C	Centers for Medicare and Medicaid Services.		
	3901.3	Discretionary Grants can offer the Division of Aging and Adult Services and its community partners the opportunity to explore new services or methodologies or to enhance existing programs.			

3900		Discretionary Grants	
3902	Authority and Statutory Requirement		
	3902.1	Discretionary Grants are authorized and governed by the following statutes and regulations:	
		A	Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, §102, §306, §307, §308, §314, §315, §321 and §339. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
		B	A.R.S. Title 46 Chapter 1, Article 8, §46-191, §46-192; Chapter 2, Article 3. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46
		C	Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.63. http://edocket.access.gpo.gov/cfr_2007/octqtr/pdf/45cfr1321.63.pdf

3900 Discretionary Grants		
3903	Eligibility Requirements	
	3903.1	All AAAs are eligible to receive grant funding; however, allocation of funds is determined by grant specifications. Other community partners may be eligible to subcontract with an AAA.
	3903.2	Eligibility for client services shall apply as specified in each grant announcement.
		A For grant related activities that involve current NMHCBS, the existing eligibility criteria described in section 3123 apply.
		B Additional grant-specific eligibility criteria for client services will be described in the ALERT announcement.

3900 Discretionary Grants		
3904	Operational Procedures	
	3904.1	The requirements of each grant will be published in an ALERT.
	3904.2	Funding allocations announced in the ALERT must be used for the purposes included in the grant announcement.
		A Recipients are responsible for providing any required non-federal match.
		B The AAA shall sub-contract with any additional partners listed in the award.
		C Funds not expended during the specified period of time may be redistributed to other partners.
	3904.3	Reporting requirements will be included in the ALERT and in the reporting matrix.
	3904.4	All direct services provided will fall under one or more of the Scopes of Work included in the current contract of the AAA. Specific associated service codes for services will be provided in the ALERT narrative.
	3904.5	AAAs that have been funded will be contacted by the Division of Aging and Adult Services Contract and Program staff in April/May of each year to review the status of previously allocated funds, to ensure that all available grant funding is in their contract and are available for use for the balance of the year. Division of Aging and Adult Services staff will work with the AAA to estimate the amount to be carried over for use until the grant ends.